Hawaii Employer-Union Health Benefits Trust Fund Retiree COBRA – Monthly Premium Rates Effective July 1, 2004 through June 30, 2005

Medical/Drug Plans

	Single	<u>Family</u>
WITHOUT MEDICARE:		
HMSA	\$354.65	\$991.68
Kaiser - Hawaii	\$338.80	\$1,016.36
WITH MEDICARE:		
HMSA	\$219.09	\$717.99
Kaiser - Hawaii	\$171.60	\$514.73

Dental Plans

<u>Single</u>	Family
\$26.35	\$52.71

Vision Plans

Single	<u>Family</u>
\$4.15	\$8.92

Print Date: 6/4/2004